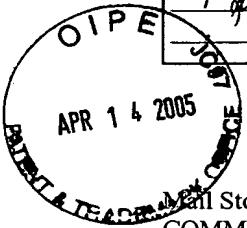


Certification of Mailing or Facsimile Transmission
 I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

Karen L. Pfeiffer
 Name

Signature
 April 11, 2005
 Date



IN THE UNITED STATES PATENT & TRADEMARK OFFICE
 RESPONSE/AMENDMENT

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

| | | |
|-----------------|---|---|
| Application No. | : | 10/701,958 |
| Applicant(s) | : | Nicola Mills Davies et al. |
| Filed | : | November 5, 2003 |
| Title | : | Electric Toothbrushes Having a Moving Viewing Surface |
| TC/A.U. | : | 1744 |
| Examiner | : | Laura C. Cole |
| Conf. No. | : | 8099 |
| Docket No. | : | 9424 |
| Customer No. | : | 27752 |

1. No additional fees (claims fees or extension fees) are known to be required.
2. The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | (Col. 3) | OTHER THAN A SMALL ENTITY | | |
|---|----------------------------------|----------|---------------------------------|---------------------------|-----------|-----------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA* | RATE | FEES |
| TOTAL | * 20 | MINUS | ** 20 | = 0 | x \$ 50 = | \$0 |
| INDEP. | * 2 | MINUS | *** 3 | = 0 | x \$200 = | \$0 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | TOTAL \$0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
 - a. Any patent application processing fees under 37 CFR §1.16.
 - b. Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

By _____

Signature _____

James C. Vago
 Typed or Printed Name
 Registration No. 40,855
 (513) 622-4433

Date: April 11, 2005
 Customer No. 27752
 (Transamd.doc) Revised 12/08/2004